PHARMACOLOGY &

Renewed: Annua

THE COUNCIL FOR TOBACCO RESEARCH - U.S.A.

633 THERD AVENUE NEW YORK, N. Y. 10017

Dr. Reimann.

Dr. Bing

Dr. Cattell

Dr. Sommers

Application For Research Grant

1. Name of Investigator(s): (include Title and Degrees)

Jack P. Strong, M. D. Myra L. Richards, A. M.

2. Institution & Address:

Louisiana State University, Baton Rouge, La.

3. Short Title of Project:

Relationship of Smoking and Other Environmental Factors to Atherosclerotic Lesions

- 4. Proposed Starting Date: February 1, 1968
- 5. Anticipated Duration of this Specific Study: 3 years
- 6. Brief Descripton of Objectives or Specific Aims:

With reference to studies already in progress and to others being considered in the Department of Pathology at the Louisiana State University Medical Center, we wish to request reinstatement of support for continuation of our present autopsy study of the relationship of smoking and other environmental factors to atherosclerotic lesions. Support toward this retrospective study of a cumulative sample of autopsied male deaths in New Orleans was provided by the Tobacco Industry Research Committee throughout the major developmental and testing phases begining February I, 1958, and on through the first 3 years of the definitive phase. The last grant year ended on January 31, 1966, with an extension to July 31, 1966, for the use of unexpended funds

The purpose (and plan) of our study continues to be to investigate selected environ mental factors, including lifetime history of cigarette usage, occupation and occupationa physical activity (last 5 years), dietary practices, habitual level of salt intake, and educational level attained, in relation to various measurements of type and extent of atherosclerotic lesions in the aorta and coronary arteries.

7. Give a Brief Statement of your Working Hypothesis: For human males, holding age, race, and cause of death classification constant, amount of cigarette smoking is positively associated with atherosclerotic involment of both the aorta and the coronary arteries.

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8. Details of Experimental Design and Procedures: (Attach Separate Pages)

The sample of cases to be investigated is comprised of white and Negro resident males, aged 20 through 64 years at death, who die in Orleans Parish and who are autopsied at the Charity Hospital of Louisiana at New Orleans or the laboratories of the Parish Coroner. Reliable visual and radiographic methods, previously developed in our laboratories in connection with the International Atherosclerosis Project, for quantitation of various aspects of lesion development are applied by the pathologists to the specimens which are dissected at autopsy by our technicians, processed for preservation, and stored for reevaluation. The specimens are blind-coded, and prior to the evaluation, the pathologists have no information pertaining to the identification of the subject or to the clinical or autopsy data.

The collection and preparation of the pathological data and that of the environmental data are two distinct and separate operations. Research associate interviewers, adequately trained and experienced in social work obtain the data by interview of surviving family members or other close associates, and prepare the basic data for transfer to IBM punch cards by the Department of Biometry, LSUSM, where it is programmed for computer analysis. Prior to the analysis stage of the study, the interviewers have no knowledge of the artery findings. (see attached sheet for con-

9. Physical Facilities Available (Where Other than Administering Organization Indicate Geographical Location)

There is a large research team in the Department of Pathology engaged in long term research on atherosclerosis. The head of the department (principal investigator), co-investigator, and chief of the biophysics section are directly concerned with providing professional supervision, interviewing, (see attached sheet for continuation) 10. Additional Requirements:

NONE

(1. Biographical sketches of all principal and professional personnel (append)

Jack P. Strong, M. D. - Myra L. Richards, A. M.

12. tist of publications: (Five most recent as pertinent) (append)
See attached sheet.

Page 2-a

Continuation to question 8, first page

Recognizing that a sample of necrops ed subjects is a selected group and therefore not representative of the living population, it is necessary that comparative study of the values derived by measurement be made within appropriate race-age groups, subdivided further according to major cause-of-death classification. In this connection, preliminary tabulations were made in late 1966 of the first 645 cases completed, and in Table I (attached) is presented the race-age distribution of the sample according to the classification of "basal", without evidence of Coronary Heart Disease (CHD), and "non-basal", with evidence of CHD.

The sample is 54% Negro and 46% white. It is of interest that 208 (60%) of the 347 Negro cases fall into the basal group, while the 298 white cases break about evenly between basal and non-basal, 51% and 49%, respectively. It follows that, since 45% of all Negro cases fall in the younger age groups (20 through 44 years), a large proportion of the Negro cases would be basal, --that is, free of evidence of CHD or disease thought to be related to CHD or to smoking (hypertension, stroke, diabetes, lung cancer, emphysema).

We are preparing for an interim analysis of the present total of 756 cases in which both the pathological and the environmental data have been transferred to punch cards. This interim sample represents approximately the half-way point in reaching our revised goal of a 1,500-case sample. (Revision of the original goal of 500 cases was necessary in order to amass a greater number and a more nearly equal distribution of the cases among the sub-groups, thereby permitting more meaningful analyses.)

Environmental histories have been obtained at interview of qualified family members or other close associates in another 200 cases. These cases now await coding and the visual and radiographic measurements of the lesions by the pathologists and by the staff of the Biophysics Section, Department of Pathology. Another 40-odd new cases were assigned for interview in April, and upon completion of these and others awaiting assignment, the total cumulated sample should exceed 1,000 cases by September first. This cumulation of cases will represent the obtainable environmental data on all white and Negro male necropsied deaths, beginning January 1, 1963, whose artery specimens were collected by our technicians at necropsy and who have met the criteria for the study sample as defined in our Standard Operating Protocol. (The autopsies of the 70 male cases of the pilot study, now included in the study sample, were performed between June 1, 1961, and May 31, 1962.)

At our present rate of completing the cases, the collection of the last 500 will require approximately 2 years, and the analysis of the data for the total 1500-case sample, one additional year.

Continuation to question 9, second page

or obtaining and evaluating anatomic material for this specific project. A medical research technologist and typist-clerk are engaged in the project and there is a position open for a social worker interviewer. Ample autopsy material from Charity Hospital of Louisiana at New Orleans and the Office of the Coroner, Orleans Parish, is available. The Department of Biometry LSU School of Medicine has supervised the development and testing of the methods of collecting information on smoking habits and is collaborating in analyzing the data.

Relationship of Environmental Factors to Atherosclerosis

Table 1. Distribution of the Cumulated Sample of 645 Cases (N) for Preliminary Analysis, of the Basal Group of 360 Cases, and of the Non-Basal Group (the Remainder) of 285 Cases, by Race and by Age.

	Number of Cases		WHITE	V		NEGRO	
AGE	in Sample (N)	All (white)	Basal Group	Non-Basal** Group (the remainder)	All (Negro)	Basal Group	Non-Basal** Group (the remainder
20-24	38	14	13	1	24	21	3
25 -3.4	89	29	27	2	60	52	8
35-44	122	51	31	20	71	47	24
45-54	191	93	43	50	98	. 46	52 · /s.
55-64	205	, 111	38	73	94	42	52
TOTAL	645	. 298	152	146	3 47	208	139
		(46% of sample)	(51% of white)	(49% of white)	(54% of sample)	(60% of Nogro)	(40% of Negro

"Basal" = those subjects without evidence of CHD or disease related to CHD or to smoking

** "Non-Basal" = those subjects with

October 3, 1966

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Junius Solomon, Medical Research Techno-	50	
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CURRICULUM VITAE

Jack Perry Strong, M.D.

Marital Status:

Secondary Education: Phillips High School - 1941 - 1945, Birmingham, Alabama

College: B. S. University of Alabama, 1948

M. D. Louisiana State University School of Medicine, 1951

Honors:

Phi Beta Kappa - 1947 Alpha Omega Alpha - 1950 Phi Kappa Phi - 1967

Academic and Professional Appointments:

Internship (rotating), Jefferson Hillman Hospital, Birmingham, Alabama, 1951 - 1952

Assistant, Department of Pathology, Louisiana State University School of Medicine, 1952 - 1953

Medical Officer and Pathologist, U.S.A.F., 1953 - 1955

Consultant in Pathology, Southwest Foundation for Research and Education, 1954 - 1955

Instructor in Pathology, Louisiana State University School of Medicine, 1955 - 1957

Assistant Professor of Pathology, Louisiana State University School of Medicine, 1957 - 1960

Associate Professor of Pathology, Louisiana State University School of Medicine, 1960 - 1964

Assigned to Professor J. N. Morris, Social Medicine Research Unit of the Medical Research Council, London, England September 1962 - September 1963

and D. D. Reid, London School of Hygiene and Tropical Medicine, January - April, 1963

Professor of Pathology, Louisiana State University School of Medicine, 1964 to date

Head, Department of Pathology, Louisiana State University School of Medicine, 1966 to date 1003546874

Hospital Appointments:

Assisting Visiting Pathologist, Charity Hospital of Louisiana
at New Orleans, 1952 - 1953: 1955 - 1952 at New Orleans, 1952 - 1953; 1955 - 1958

at New Orleans, 1952 - 1953; Visiting Pathologist, Charity Hospital of Louisiana at New Visiting Pathologist, Chart, Constitution of Control Pathologist, Chart, Chart, Control Pathologist, Chart, Chart,

Senior Visiting Pathologist and Pathologist-in-Chief, LSU Division, 1966 to date

Consultant Appointments:

Louisiana Heart Association Research Committee, 1960 to date 1965 to date
World Health Organization Atherosclerosis Project, 1962-1963 Pathology A Study Section, United States Public Health Service,

Fellowships:

renowsnips: Senior Research Fellow, United States Public Health Service, 1957 - 1962 Research Career Development Award, United States Public Health Service, 1962-1964

Professional Organizations:

American Association of Pathologists and Bacteriologists;
Assistant Secretary, 1959-1962
American Sociation American Society for Experimental Pathology
International Academy of Pathology
American Society of Clinical Pathologists; Councilor for Louisiana, 1966 Louisiana, 1966
American Society for the Study of Arteriosclerosis Diplomate of American Board of Pathology - Pathologic Anatomy, 1957; Clinical Pathology, 1958 - College of American Pathologists

Research Interests:

Epidemiology, geographic pathology and pathogenesis of atherosclerosis; atherosclerosis in primates

Current Grants:

Natural and Experimental Atherosclerosis (HE-08974) Pathology Training (GM-01202) Frost Foundation

Community Activities:

President, Bissonet Elementary Parent Teachers Association, 1961 Vice President, Jefferson Committee for Better Schools, 1964 Member of Official Board: Munholland Methodist Church. 1965

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College:	The second secon		 	<u>R</u>	The state of the s	and the last section	
Graduate:	Tulane Univers	ity:	-				
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Social Service Dept., Charity Hospital, New Orleans, La., Positions Held:

July, 1932 - Medical-Social Case Worker -- all white clinics.

- Dec.1935-Oct.1937 (approx.)
- Formulated operational policies and procedures for a joint W.P.A. Charity Hospital medical certification project, (staffed by WPA physician and registered nurse) for screening applicants; served as liaison worker in the Charity clinics for applicants who required further examination and evaluation for work.
- July, 1936 Medical-Social Case Worker -- 9 general and special white clinics and wards.
- Oct., 1938 Organized and supervised the Dept's. Intake Service; supervised clerical staff of 15 and an N.Y.A. clerical project.
- Jan., 1940 Set up and supervised the first program of medicalsocial services in Charity Hospital Admitting and Accident Rooms.
- Feb., 1941 Designed and supervised the hospital's first program of establishing eligibility by standardized interview procedure; trained the interviewers.

Case Supervisor of 7 medical-social workers in clinics and Admitting Room.

- June-Dec.
- Director, Social Service Dept. (acting) --- professional staff of 35 medical-social workers and clerical staff of 16. (Unable to accept permanent appointment as husband was to be commissioned in War II).
- Dec.1941- Supervisor: Charity Hospital Admissions Unit interviewers July 1942 and 7 medical-social workers in clinics and Adm. Dept. (Resigned to join husband at air base --War II).
- Sept.-Nov., (See preceding page). 1955

Professional Organizations

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Publications

Co-author - "Relationship Between Cigarette Smoking Habits and Coronary Atherosclerosis in Autopsied Males."

Circulation, Suppl. No. III, October 1966,

Vol. XXXIV, No. 4, p. 31. Abstract.

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PUBLICATIONS

- Strong, J.P., and H.C. McGill, Jr. 1962. The natural history of coronary atherosclerosis. Amer. J. Path. 40(1):37-49
- Strong, J.P., and H.C. McGill, Jr. 1963. The natural history of aortic atherosclerosis: relationship to race, sex, and coronary lesions in New Orleans. Exp. Molec. Path., Suppl. 1:15-27.
- Strong, J.P., and D.A. Eggen. 1965. Atherosclerotic lesions, p. 57 to 72. In The Milbank Memorial Fund Quarterly, Comparability in international epidemiology. Milbank Memorial Fund, New York.
- Eggen, D. A., J. P. Strong, and H. C. McGill, Jr. 1965. Coronary Calcification: relationship to clinically significant coronary lesions and race, sex, and topographic distribution. Circulation 32:948-955.
- Strong, J.P., H.C. McGill, Jr., M.L. Richards, and D. A. Eggen.
 1966. Relationship between cigarette smoking habits and coronary
 atherosclerosis in autopsied males. Circulation 34 (Suppl. 3):31. (Abstr.)